

High Risk Activities - Confined Space Entry



Fuel Retail



Charge



Wash



Systems



Fleet



Gas

What is a Confined Space?

WATCH: [Confined space: the dangers - YouTube](#)

A confined space is a **place which is substantially enclosed (though not always entirely)**, and where serious injury can occur from hazardous substances or conditions within the space or nearby (e.g. lack of oxygen). (HSE).

NOTE: [The Confined Spaces Regulations 1997](#)

Applies where the assessment identifies risks of serious injury from work in confined spaces.

- These regulations contain the following key duties:
 - avoid entry to confined spaces, e.g., by doing the work from the outside
 - if entry to a confined space is unavoidable, follow a safe system of work
 - put in place adequate emergency arrangements before the work start



Warning
Confined space

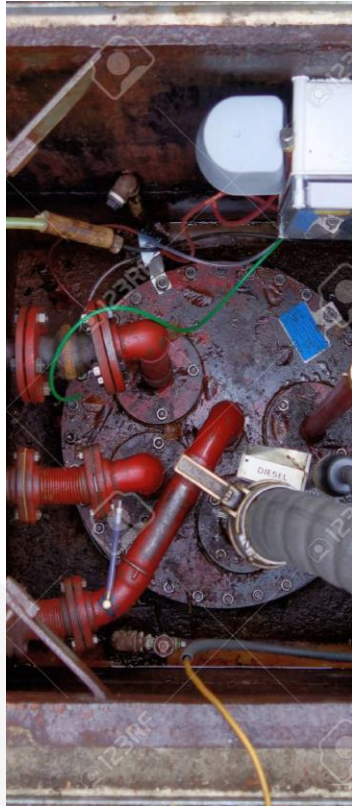


No unauthorised
entry



Permit to work
must be obtained

Examples of areas which may be classed as a confined space



Manhole and tank top chambers



Above Ground Tanks



Excavations



Belowground tanks



Ship Holds



Tunnels/Sewers

Things to consider before working in a confined space



- Do you need to enter the confined space?
- Is there a different (safer) way of completing the task?
- Is there a hazardous substance or atmosphere present?
- Access & Egress restrictions
- Training & Medical Requirements
- Work Party – Entrants, Safety Person/Entry Controller, Plant/Equipment Person, Rescue Team
- Equipment
- Confined Space Permit
- RAMS
- Rescue Plan (Rescue Team, Stretcher, Emergency Services)
- First Aid
- Welfare Facilities/Decontamination Area



Confined Space Training & Medicals



Different levels of training are available dependent on what work is being carried out and the level of risk the individual will be working in

- Low Risk – Confined Space with Escape Sets
- Medium Risk – Confined Space with self-contained BA
- High Risk – As above and also Line Fed BA, Rescue Procedures

TSG Approved C&G Training Providers

- ESS Safeforce (VP Plc)
- HSS Training

Confined Space Medical - What is involved?

- Health questionnaire.
- Height, weight, BMI, waist and hip measurement.
- Blood pressure.
- Vision screening for near and distance.
- Standard urine test for protein and sugar.
- Lung function baseline.
- Hearing test baseline.
- Specific Questionnaire



Confined Space Equipment



Confined Space Permit to Work



What Information should be recorded on the permit?

- Work Details, Location, Work Party Names
- Hazards Identified
- Precautions in place
- Gas Readings
- Authorisation & Acceptance
- Hand Back & Cancellation of Permit

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CONFINED SPACE - ENTRY PERMIT				PERMIT NO.			
Part 1. Task:				Confined Space type (Tick as applicable)			
				Flammable Hazard?		Non-Flammable Hazard?	
Description of Work: (Tick as applicable)							
INSPECTION ONLY		COLD WORK ONLY		HOT WORK			
Permit valid from _____ hours to _____ hours Date: _____							
This permit covers the entry only to the above confined space. All work entailed in effecting entry must be covered with a method statement and risk assessment.							
Known Hazards:							
Name of Persons Involved: (Whether or not they will enter space)						Total Number Persons _____	
PRECAUTIONS (Tick as applicable)							
	YES	NO	N/A		YES	NO	N/A
Systems of work checked.				Warning signs/barriers.			
Adequate supply of oxygen.				Watchers to be posted.			
Breathing apparatus worn.				Radio communication link.			
Atmosphere tested for oxygen, LEL level.				Flameproof/intrinsically safe lighting.			
Continuous monitoring will be carried out				Gaseous flows stopped/sealed.			
Safety harness/lifeline.				Liquid flows stopped/sealed.			
Flood warning system in place.				Forced ventilation provided.			
Dangerous deposits removed.				Protective clothing worn.			
Adequate access/egress.				Emergency procedures and rescue equipment in place.			
Free from toxic flammable substances.				First aid in attendance.			
Safety equipment checked & working.							
Nearest Telephone Located At:				Emergency Telephone Nos:			
Initial LEL Readings: (If Applicable) prior to entry (Indicate as applicable)							
Inspection - LEL <20%		Cold Work - LEL <10%		Hot Work - LEL < 3%			
Works must cease and confined space entry terminated if the indicated maximum LEL level is exceeded at any time during entry.							
Part 2. I confirm that the persons listed above are familiar with the Safety & Emergency arrangements and are properly equipped. I am satisfied that the atmosphere within the confined space is safe to work in at present and will be monitored continuously.							
WORKS AUTHORISED TO PROCEED							
AUTHORISED TOKHEIM PERMIT ISSUER NAME: _____				SIGNATURE _____		Date: _____	
				(BLOCK CAPITALS)			
Caution to Confined Space Workers:							
<ul style="list-style-type: none"> At first sign of dizziness, eye irritation, headache, pulsating of the temples or nausea, vacate confined space at once. If you suspect that an entrant has been overcome do not attempt to enter the confined space unless equipped with and trained in the use of suitable breathing apparatus. Summon effective help quickly. Any adverse changes in conditions at the confined space must immediately be reported to the Tokheim Solutions H&S Representative. 							
NB. IF FOR ANY REASON WORK CONDITIONS CHANGE, WORK MUST STOP IMMEDIATELY. THE CONFINED SPACE BE EVACUATED THE TOKHEIM SOLUTIONS H&S REPRESENTATIVE & AUTHORISED PERMIT SIGNATORY INFORMED.							
Part 3. ONCE WORK IS FINISHED							
The work detailed in Part 1 of this Permit has been completed/stopped and that all the men under my control have been withdrawn and warned that it is no longer safe to work within the confined space.							
I confirm that the site has been made safe and that equipment will be returned to store and any discrepancies reported. I have noted any changes that have occurred in the confined space.							
ADDITIONAL INFORMATION: _____							
AUTHORISED TOKHEIM PERMIT ISSUER NAME: _____							
(BLOCK CAPITALS)							
SIGNATURE _____ DATE: _____							
Part 4. IF PERMIT IS CANCELLED							
This permit is cancelled. I have noted any changes reported and taken the necessary follow up action.							
AUTHORISED TOKHEIM PERMIT ISSUER NAME: _____							
(BLOCK CAPITALS)							
SIGNATURE _____ DATE: _____							



GO HOME
SAFE

Thank you

Any questions?

